Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620			_	chool Year 2004 e to School Cler				
Elementary District Res	sponsible for Re	eimbursing the	Contract		Count	у	·	Legal Entity	
High School or K-12 Di	strict Responsit	ole for Reimbur	sing the Cont	ract	Count	у		Legal Entity	
Corvallis K-12 S	chools				Rava	alli		0731	
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attach	n explanation)		□ No	nhursement	Student Na	me	School	Grade	
rates for special circum increased rates, individ trustees of the district,	ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						School	Grade	
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Student Na	me	School	Grade	
Elem District Approval HS District Approval		Init □ no □ no	ials 		Student Na		School	Grade	
County Approval Parent or Guardian		no e Print)			THIS CONTRACT IS FOR: Grades 1-12				
Jennifer & Luke	·	- · · · · · · · · · · · · · · · · · · ·			☐ 1st Sem	ester Only	□ 2nd Semester Onl	y Both Semesters	
Physical Address (st		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 8 to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	by this cor To or from To or from Kindergart To or from To or from Deadline PARENTS: CLERKS: files.	ntract: Bus Stop School en child ride Bus Stop School ES: Due to Sch Send origina SUPERINTEN ur files.	times per day, to County Supt by Jul	days per week da	
Reg. Contingency Spec. Ed. Contin.						Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
insured driver will tr 2. In March and June, transported for the The payment shall	rs: nsport or provide to ansport the studer the District shall past semester. be computed on the	rransportation for nts. Mileage cont pay the parent the ne basis of the sol	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred to as to or bus stop on the days on for the distance report	when school is in ted on the contra- y the teacher or p nation accompany	session. The parent or guard at actually occurs. incipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was	
Elementary School [District	Chair, Boa	rd of Truste	es				Date	
High School District Corvallis K-12 School		Chair, Boa	rd of Truste	es				Date	
			I attes	that the above i	nformation is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 Di	strict Responsi	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Corvallis K-12 S	chools				Ravalli		0731
Is this contract share ☐ yes ☐ no	ed between e	ementary an	d high scho	ol?			
Are you applying for (If yes, please attacl	n explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ce. In order to viewed and appointed and the mittee, and the contractions are contracted and the contracted	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Jenny Shephero					Pre-kindergarten/Kinde	rgarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Le	HS 3.5 to nearest but HS 0 ne-way only	us stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch	times per day,times per day, es <u>without</u> other schotimes per day, times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Spec. Ed. Trans					COUNTY SUPERINTE copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence					(For dis	trict, county and OPI	use only)
Reg. Contingency					Reimb	oursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						<u> </u>	
Agreement between	parent (pare	nt name)			, and school district (dis	trict name)	,
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the 3. The payment shall	vs: Insport or provide Insport the stude Insport the Stude Insport the Stude Insport semester.	transportation for nts. Mileage con pay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contra ation upon certification by the teacher or pure the standard of th	n session. The parent or guard act actually occurs. orincipal of the school of the nur ying this contract.	
Elementary School I			rd of Truste				Date
High School District Corvallis K-12 Scho		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 , MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Respo	onsible for Re	imbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 Distr	rict Responsib	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Corvallis K-12 Scl	nools				Ravalli		0731
Is this contract shared ☐ yes ☐ no	between el	ementary an	d high scho	ol?			
Are you applying for is (If yes, please attach e	explanation)		□ No		Student Name	School	Grade
rates for special circumsta increased rates, individua trustees of the district, the Public Instruction. (10.7.1	ances of isola Il circumstanc e county trans	tion of resident es must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the	sed payment o	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	•		tials		Student Name	School	Grade
	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian Na	ame: (Please	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Leah Capko					Pre-kindergarten/Kinder	garten	
Physical Address (stre	et address	only):			☐ 1st Semester Only		√ □ Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 5.4 o nearest bu HS 0 -way only	s stop, if any	/ (one way)	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTER copy for your files.	times per day,times per day, es without other schootimes per day, times per day, ool Clerk June 1. I to County Supt by July	
Reg. Contingency					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.						, ,	
insured driver will tran 2. In March and June, the transported for the pas 3. The payment shall be	port or provide to sport the studer e District shall p st semester. computed on th	ransportation for nts. Mileage con ay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a shedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	, and school district (district referred to as the District(s) I or bus stop on the days when school is in ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. rincipal of the school of the nur	
Elementary School Dis			rd of Truste		The second of th		Date
High School District Corvallis K-12 Schools	8	Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or Gu	uardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620-29		School Year 2004- 2005 Due to School Clerk June 1					
Elementary District Responsible for Reiml		County		Legal Entity			
High School or K-12 District Responsible	for Reimbursing the Contract	County		Legal Entity			
Corvallis K-12 Schools		Ravalli		0731			
Is this contract shared between elem	entary and high school?						
□ yes□ noAre you applying for isolation status?	? □ Yes □ No						
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA, p	rovides for increased reimbursemen	Student Name	School	Grade			
rates for special circumstances of isolation increased rates, individual circumstances trustees of the district, the county transport Public Instruction. (10.7.116 ARM provide	must be reviewed and approved by tation committee, and the Office of		School	Grade			
Check here only if increased payment due District Trustees and the County Transpor	tation Committee.	the Student Name	School	Grade			
Elem District Approval		Student Name	School	Grade			
County Approval		THIS CONTRACT IS FO	<u>)R:</u>				
·	711111)	☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters			
Lee & Mary Ann Severson Physical Address (street address on	v).	Pre-kindergarten/Kinder	Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
(,,		•	□ Both Semesters			
Distance from home to nearest scho Elementary 0 HS 8.5 Distance from home to nearest bus s Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	stop, if any (one way)	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da			
insured driver will transport the students. In March and June, the District shall pay transported for the past semester. The payment shall be computed on the b	County, h sportation for the student(s) to and from the Mileage contracts are valid only when trache parent the sum officially approved in the sais of the schedule established in Section	, and school district (dist nereinafter referred to as the District(s). the school or bus stop on the days when school is in ansportation for the distance reported on the contra- the application upon certification by the teacher or p on 20-10-142, MCA, and the information accompany is no longer enrolled in school, whichever occurs fire	session. The parent or guardict actually occurs. rincipal of the school of the num				
Elementary School District (Chair, Board of Trustees			Date			
High School District Corvallis K-12 Schools	Chair, Board of Trustees			Date			
22.74	I attest that the	above information is true and correct.		<u> </u>			
Signature - Parent or Guardian			Date				

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	School Year 2004- 20 le to School Clerk Jui					
Elementary District Res			Contract		County		Legal Entity			
Himb Cobool on K 40 Di	triat Danasail	ala fan Daimh	i th O		County		Land Fath.			
High School or K-12 Dis	•	ole for Reimbu	irsing the Cont	tract	County		Legal Entity			
Corvallis K-12 Se			al lettere a tree	-10	Ravalli		0731			
Is this contract share ☐ yes ☐ no		•	Ū	OI?						
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade			
rates for special circum: increased rates, individu trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade			
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name	School	Grade			
County Approval	□ yes	□ no				THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian N	Name: (Pleas	e Print)			□ 1st Semester	Only 2nd Semester	Only Both Semesters			
Nora Smith Physical Address (st	reet address	only):			Pre-kindergarter 1st Semester	n/Kindergarten Only □ 2nd Semester	Only Both Semesters			
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 4.2 to nearest bu HS 0 e-way only	us stop, if an	y (one way)	is contract. 9-12 Total	Kindergarten cl by this contract To or from Bus S To or from Scho Kindergarten cl To or from Bus S To or from Scho Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPE copy for your file	t: Stop times per da ol times per da hild rides without other s Stop times per da ol times per da e to School Clerk June 1. I original to County Supt by RINTENDENTS: Send ori	days per week da			
insured driver will tra In March and June, transported for the p The payment shall to this contract shall to	s: Insport or provide the stude of the District shall properties as the second of the provided on the priminate at the error.	transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when son for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and he number of days the student(s) was			
Elementary School D	vistrict	,	ard of Truste				Date			
High School District Corvallis K-12 School	ols	Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above	information is true and o	correct.				
Signature - Parent or 0	Guardian					Date				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Corvallis K-12 S	Schools				Ravalli		0731
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been a	oproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Scott Hughes Physical Address (s	troot address	only):			Pre-kindergarten/Kinde		
Filysical Address (s	sireet address	Offig).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 8	,			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es with other school- times per day, times per day, es without other scho times per day,	days per week days per week days per week ool-age students: days per week
□ Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina files.	al to County Supt by Ju	ly 1, retain a copy for your
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					RI	EIMBURSEMENT R trict, county and OPI	
Correspondence					,		,,
Reg. Contingency					Reimb	oursement rate is determent 20-10-142, MCA.	mined by
Spec. Ed. Contin.						20-10-142, IVIOA.	
Agreement between	n parent (parei	nt name)			, and school district (dis	,	,
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s) I or bus stop on the days when school is i		dian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contra ation upon certification by the teacher or p	act actually occurs.	
	be computed on the				142, MCA, and the information accompaner enrolled in school, whichever occurs fir		
Elementary School			ard of Truste		critorica in scribbl, whichever occurs in	31.	Date
High School District Corvallis K-12 Scho		Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620			_	school Year 2004- 200 e to School Clerk Jun		
Elementary District Res			Contract		County		Legal Entity
High School or K-12 Dis	·	ole for Reimbu	irsing the Conf	tract	County		Legal Entity
Corvallis K-12 So				10	Ravalli		0731
Is this contract share ☐ yes ☐ no		·	J	ol'?			
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation))	□ No	mbursement	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola al circumstant ne county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate in the contract of t	o receive oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the				proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		In □ no □ no	itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	T IS FOR:	
Parent or Guardian N	•	e Print)			☐ 1st Semester	Only 2nd Semester C	Only Both Semesters
Shawn & Laura \ Physical Address (str		only):			Pre-kindergarten. 1st Semester	/Kindergarten Only □ 2nd Semester 0	Only ☐ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 3.6 to nearest bu HS 0 e-way only	shool (one wa	y (one way)	is contract. 9-12 Total	KINDERGARTEI Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from School To or from School Deadlines: PARENTS: Due CLERKS: Send files. COUNTY SUPER copy for your files	N/PREKINDERGARTEN: ild rides with other school: top times per day ild rides without other sc top times per day ild rides without other sc top times per day it times per day to School Clerk June 1. original to County Supt by scriptions.	days per week days per week hool-age students: days per week July 1, retain a copy for your inal to OPI by July 10, retain a RATE PI use only)
insured driver will tra In March and June, transported for the p The payment shall b This contract shall te	s: Isport or provide to an apport the stude to the District shall past semester. It is computed on the priminate at the erriminate at the	transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school	r the student(s) to htracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Dis	chool is in session. The parent or gue contract actually occurs. icher or principal of the school of the ecompanying this contract.	number of days the student(s) was
Elementary School D	DISTRICT	,	ard of Truste				Date
High School District Corvallis K-12 School	ls	Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and c	orrect.	
Signature - Parent or 0	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Darby K-12 Sch	nools				Ravalli		0740
Is this contract shar ☐ yes ☐ no	red between e	lementary an	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS F	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Becki Linderma Physical Address (s		only):			Pre-kindergarten/Kinde	ergarten □ 2nd Semester On	ly □ Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 30 e to nearest but HS 11 ene-way only evel - Only include Pre-K Total	the students to t	y (one way) De covered by the 1-8 Total	9-12 Total	by this contract: To or from Bus Stop_ To or from School	times per day, times	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) the tracts are valid of esum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the District (district referred to as the District (so or bus stop on the days when school is on for the distance reported on the contation upon certification by the teacher or 42, MCA, and the information accompand reproperties of the distance of the	in session. The parent or guar- ract actually occurs. principal of the school of the nunying this contract.	imber of days the student(s) was
Elementary School		,	ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620	0-2501		chool Year 2004- 2005 e to School Clerk June 1		
Elementary District Responsible for R	eimbursing the Contract		County	L	Legal Entity
High School or K-12 District Responsi	ble for Reimbursing the Cor	tract	County		Legal Entity
Darby K-12 Schools			Ravalli		0740
Is this contract shared between e □ yes □ no	lementary and high scho	ool?			
Are you applying for isolation state (If yes, please attach explanation)		Student Name	School	Grade
ISOLATION: Section 20-10-142, MC rates for special circumstances of isol increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. In order ces must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Tran-	due to isolation has been a	pproved by the	Student Name	School	Grade
Elem District Approval	Initials		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly □ Both Semesters
Beverly Smith Physical Address (street address	only):		Pre-kindergarten/Kinder 1st Semester Only		ly □ Both Semesters
			KINDERGARTEN/PREI		,
Distance from home to nearest so Elementary 0 HS 11 Distance from home to nearest be Elementary 0 HS 6	, ,,		by this contract: To or from Bus Stop To or from School Kindergarten child ride	times per day, times per day, times per day, es without other scho	days per week days per week days per week col-age students: days per week days per week days per week
□ Contract is for one-way only				unles per day,	days per week
Students in Each Grade Level - Only include	the students to be covered by the	nis contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total			ly 1, retain a copy for your
Regular Trans				IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board				EIMBURSEMENT R rict, county and OP	
Correspondence					
Reg. Contingency Spec. Ed. Contin.			Reimb	ursement rate is determined 20-10-142, MCA.	mined by
Agreement between parent (pare	ent nama)		and ashael district (dist	riet name)	
				,	······································
(county name) The parties agree as follows:		•	er referred to as the District(s)		dian account that a license day of
insured driver will transport the stude	ents. Mileage contracts are valid	only when transportatio	or bus stop on the days when school is in on for the distance reported on the contra tion upon certification by the teacher or p	ct actually occurs.	
transported for the past semester. 3. The payment shall be computed on t	he basis of the schedule establis	shed in Section 20-10-14	42, MCA, and the information accompany	ying this contract.	amber of days the student(s) was
This contract shall terminate at the e Elementary School District	nd of the school year or when the Chair, Board of Truste	e student(s) is no longer	r enrolled in school, whichever occurs first	st.	Date
High School District Darby K-12 Schools	Chair, Board of Truste	ees			Date
Dailby 11-12 Oct 10015	l attes	st that the above in	nformation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2	202501 MT 59620-2501			Year 2004- 2005 chool Clerk June 1		
Elementary District Respor	sible for Reimbursing the	e Contract		County	1	Legal Entity
High School or K-12 District	t Responsible for Reimb	ursing the Contract		County		Legal Entity
Darby K-12 School	s			Ravalli		0740
Is this contract shared b	etween elementary a	nd high school?				
Are you applying for iso		□ No	3	Student Name	School	Grade
ISOLATION: Section 20-1 rates for special circumstar increased rates, individual trustees of the district, the	0-142, MCA, provides fo nces of isolation of reside circumstances must be re	nce. In order to receiviewed and approve	eive red by the	Student Name	School	Grade
Public Instruction. (10.7.11 Check here only if increase	6 ARM provides guideling	es for such.)	5	Student Name	School	Grade
District Trustees and the C	ounty Transportation Cor		_	North and Name	Calcad	Crada
	yes			Student Name	School	Grade
County Approval Parent or Guardian Nar	yes □ no ne: (Please Print)			THIS CONTRACT IS FO Grades 1-12		
Brian Gartner				1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Physical Address (stree	t address only):			Pre-kindergarten/Kinder □ 1st Semester Only	garten □ 2nd Semester Only	□ Both Semesters
Distance from home to Elementary 0 H Contract is for one-we Students in Each Grade Level	HS 33 nearest bus stop, if ar S 11 vay only	be covered by this con	tract. F 9-12 Total C	oy this contract: To or from Bus Stop To or from School (indergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina illes. COUNTY SUPERINTEN COUNTY SUPERI	times per day, tool Clerk June 1.	use only)
insured driver will transp 2. In March and June, the transported for the past 3. The payment shall be or	rt or provide transportation for oort the students. Mileage co District shall pay the parent the semester. Imputed on the basis of the s	or the student(s) to and ntracts are valid only want ne sum officially approve chedule established in	nty, hereinafter refer from the school or bus sto hen transportation for the ed in the application upon Section 20-10-142, MCA,	distance reported on the contra	session. The parent or guardict actually occurs. rincipal of the school of the numering this contract.	an assures that a licensed and other of days the student(s) was
Elementary School Dist		ard of Trustees	,, , , , , , , , , , , , , , , , , , , ,	,		Date
High School District Darby K-12 Schools	Chair, Bo	ard of Trustees				Date
		I attest tha	t the above informat	tion is true and correct.		
Signature - Parent or Gua	rdian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 la, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Darby K-12 Scho	ools				Ravalli		0740
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circum increased rates, individ trustees of the district, t	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7 Check here only if incre District Trustees and th	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Bryan Stanhope Physical Address (st		only):			Pre-kindergarten/Kinder		
Filysical Address (st	ieet address	Offig).			□ 1st Semester Only KINDERGARTEN/PRE	·	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 33.3 to nearest bu HS 10.9	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	, ,	the students to b	e covered by thi	is contract.	Deadlines:		
	Pre-K Total	K Total	1-8 Total	9-12 Total	PARENTS: Due to Sch CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.		
Spec. Ed. Trans					copy for your files.	NDENTS: Send origina	I to OPI by July 10, retain a
Room & Board						EIMBURSEMENT RA	
Correspondence					,	, ,	,
Reg. Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.							
Agreement between	parent (pare	nt name)			, and school district (dist	rict name)	······································
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applicated in Section 20-10-	fter referred to as the District(s) of or bus stop on the days when school is in the distance reported on the contraction upon certification by the teacher or put 142, MCA, and the information accompanier enrolled in school, whichever occurs fir	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School D	District	Chair, Boa	ard of Truste	es			Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Darby K-12 Scho	ools				Ravalli		0740
Is this contract share ☐ yes ☐ no	d between el	ementary an	d high school	ol?			
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incre	ased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian N	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Diana M. Day					Pre-kindergarten/Kinde		
Physical Address (st	reet address	only):			☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Let	HS 16 to nearest bu HS 0 e-way only	us stop, if any	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch	times per day,times per day, es <u>without</u> other schotimes per day, times per day,	days per week days per week days per week ol-age students: days per week days per week days per week days per week
Regular Trans					files.	UDENTS. Condenies	Lta ODI bu July 40 matain a
Spec. Ed. Trans					copy for your files.	NDEN15: Send origina	I to OPI by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
opeo. Ed. Contini							
Agreement between	parent (parer	nt name)			, and school district (dis	rict name)	,
insured driver will tra 2. In March and June, transported for the p 3. The payment shall be	nsport or provide to ansport the studer the District shall p past semester. the computed on the	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is i ion for the distance reported on the contra ation upon certification by the teacher or p 142, MCA, and the information accompan er enrolled in school, whichever occurs fir	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School D			ard of Truste				Date
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or 0	Guardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 le to School Clerk June				
Elementary District Res			Contract		County	L	Legal Entity		
High School or K-12 Di	strict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Darby K-12 Sch	ools				Ravalli		0740		
Is this contract share ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)	1	□ No	mburaamant	Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name School Grade				
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester O	nly 2nd Semester On	ly Both Semesters		
Jolene Mavros Physical Address (st	reet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	to nearest so HS 11 to nearest bu HS 5.5 ne-way only	thool (one wa	y (one way)	is contract. 9-12 Total	KINDERGARTEN/ Kindergarten chile by this contract: To or from Bus Sto To or from School Kindergarten chile To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERII copy for your files. (For	PREKINDERGARTEN: I rides with other school- p times per day, times per day, trides without other scho p times per day, times per day, times per day, school Clerk June 1. iginal to County Supt by Ju	days per week		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide ansport the stude the District shall p past semester. be computed on the	transportation for nts. Mileage cor nay the parent the ne basis of the so nd of the school of	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	on for the distance reported on the	ct(s). col is in session. The parent or guar contract actually occurs. er or principal of the school of the numpanying this contract.			
High School District		,	ard of Truste				Date		
Darby K-12 Schools		Onaii, Boo					Date		
	-		I attes	t that the above	information is true and cor				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

_				
Co	nt	ro	^ +	-

PO Bo	ox 202501 a, MT 59620				School Year 2004- 2 le to School Clerk J	ool Year 2004- 2005 School Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract		County		·	Legal Entity	
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	tract	County			Legal Entity	
Darby K-12 Scho	ools				Ravalli			0740	
Is this contract share □ yes □ no	d between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attach	explanation)		□ No		Student Name	; Se	chool		Grade
ISOLATION: Section 2 rates for special circums increased rates, individu trustees of the district, tl Public Instruction. (10.7	stances of isola ual circumstanc he county trans	tion of resider es must be re portation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	: So	chool		Grade
Check here only if incre District Trustees and the	ased payment	due to isolation	n has been ap	proved by the	Student Name	; So	chool		Grade
Elem District Approval		no	tials		Student Name	; Se	chool		Grade
County Approval	□ yes	□ no □ no			THIS CONTRA	ACT IS FOR:			
Parent or Guardian N	lame: (Pleas	e Print)			☐ 1st Semest	er Only 🗆 2nd	Semester Only	/ □ Both Ser	nesters
Kelli Murray Physical Address (str	root addraga	only):				ten/Kindergarten			
Filysical Address (st	reet address	orny).				ter Only 2nd	•	/ □ Both Ser	nesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on	HS 31 to nearest bu HS 11.5	·			Kindergarten by this contra To or from Bus To or from Sch Kindergarten To or from Bus	TEN/PREKINDER child rides with cact: s Stop ti hool ti child rides witho s Stop ti hool ti hool ti	mes per day, _ mes per day, _ mes per day, _ out other schoo mes per day, _	days days cl-age students days	per week per week s: per week
Students in Each Grade Lev	vel - Only include	the students to b	e covered by th	is contract.	Deadlines:	: Due to School Clerk	. luna 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Se	nd original to Cour		√1, retain a cop	y for your
Regular Trans					files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retained.				
Spec. Ed. Trans					copy for your f	files.	: Send original	Tto OPI by July	10, retain a
Room & Board							RSEMENT RA		
Correspondence							·	.,	
Reg. Contingency						Reimbursemen	nt rate is determ 0-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			and school di	istrict (district name	e)		
(county name) The parties agree as follows 1. The parent shall traninsured driver will traninsured driver will transported for the payment shall but transported for the payment shall but the payment shall be payment shal	s: Insport or provide to an sport the studer the District shall parts seemester. It is a computed on the street of the street	ransportation for nts. Mileage con ay the parent the ne basis of the so	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportati approved in the applicated in Section 20-10-1	fter referred to as the or bus stop on the days whe on for the distance reported ation upon certification by the l42, MCA, and the informatic er enrolled in school, whichever	District(s). en school is in session. To the contract actually on the centract actually on the contract actually on accompanying this contract accompanying	The parent or guardioccurs. he school of the num		
Elementary School D			ard of Truste					Date	
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information is true and	d correct.			
Signature - Parent or 0	Guardian				<u> </u>	Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 la, MT 59620				School Year 2004- 2005 ue to School Clerk June 1					
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity			
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Conf	ract	County		Legal Entity			
Darby K-12 Scho	ools				Ravalli		0740			
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?						
Are you applying for (If yes, please attach	explanation))	□ No		Student Name	School	Grade			
rates for special circum increased rates, individurustees of the district, the Public Instruction. (10.7)	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval	□ yes		itials		Student Name School Grade					
	□ yes	□ no □ no			THIS CONTRACT IS FO	OR:				
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters			
Lisa Foley Physical Address (st	reet address	only).			Pre-kindergarten/Kindergarten					
1 Tryologi 7 tagrees (et		Oy /.			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters KINDERGARTEN/PREKINDERGARTEN:					
Distance from home Elementary 0 Distance from home Elementary 0	HS 29 to nearest bu HS 10	`			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,times per day,times per day,times per day,times per day,	days per week days per week days per week ol-age students: days per week days per week days per week			
☐ Contract is for or Students in Each Grade Le	, ,	the students to b	be covered by th	is contract.	Deadlines:					
	Pre-K	К	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.				
	Total	Total	Total	Total	CLERKS: Send origina files.	I to County Supt by July	1, retain a copy for your			
Regular Trans					COUNTY SUPERINTE	NDENTS: Send origina	I to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your files.		TE			
Room & Board Correspondence						EIMBURSEMENT RA trict, county and OPI				
Reg. Contingency					Reimb	ursement rate is determ	nined by			
Spec. Ed. Contin.						20-10-142, MCA.				
Agreement between	parent (parei	nt name)			, and school district (dist	rict name)	,			
insured driver will tr. 2. In March and June, transported for the p. 3. The payment shall the payment	nsport or provide to ansport the stude the District shall p past semester. the computed on the	nts. Mileage con pay the parent the ne basis of the so	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat pproved in the applic ned in Section 20-10-	fter referred to as the District(s) I or bus stop on the days when school is in the distance reported on the contral ation upon certification by the teacher or put 142, MCA, and the information accompanion.	n session. The parent or guard ct actually occurs. vincipal of the school of the nur ying this contract.				
4. This contract shall the Elementary School D			rear or when the ard of Truste		er enrolled in school, whichever occurs fir	ol.	Date			
High School District Darby K-12 Schools		Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above	information is true and correct.					
Signature - Parent or	Guardian					Date				

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

Office of Public In PO Box 202501 Helena, MT 5962		J	School Year 2004- 2005 Due to School Clerk June 1					
Elementary District Responsible for R	Reimbursing the Cor	tract	County		Legal Entity			
High School or K-12 District Respons	sible for Reimbursing	the Contract	County		Legal Entity			
Darby K-12 Schools			Ravalli		0740			
Is this contract shared between ☐ yes ☐ no	elementary and hi	gh school?						
Are you applying for isolation sta (If yes, please attach explanation ISOLATION: Section 20-10-142, MO	n)	No	Student Name	School	Grade			
rates for special circumstances of isc increased rates, individual circumsta trustees of the district, the county tra Public Instruction. (10.7.116 ARM pr	plation of residence. nces must be review nsportation committe	In order to receive red and approved by the ree, and the Office of	Student Name	School	Grade			
Check here only if increased paymer District Trustees and the County Tra	nt due to isolation hansportation Committe	s been approved by the ee.	Student Name	School	Grade			
Elem District Approval	Initials no no		Student Name					
County Approval ☐ yes Parent or Guardian Name: (Plea	no		THIS CONTRACT IS FOR: Grades 1-12					
Terri Blomberg	,			2nd Semester Only	☐ Both Semesters			
Physical Address (street addres	s only):		Pre-kindergarten/Kindergart ☐ 1st Semester Only ☐	Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest selementary 0 HS 30 Distance from home to nearest selementary 0 HS 7.2 Contract is for one-way only students in Each Grade Level - Only includents in Ea	ous stop, if any (or lethe students to be co	•	(For district	times per day, Clerk June 1. County Supt by July	days per week			
insured driver will transport the stud 2. In March and June, the District shal transported for the past semester 3. The payment shall be computed on	e transportation for the lents. Mileage contract I pay the parent the sun	County, herein student(s) to and from the sches are valid only when transpoin officially approved in the applie established in Section 20-or when the student(s) is no loc	, and school district (district nafter referred to as the District(s). nool or bus stop on the days when school is in sessification for the distance reported on the contract act plication upon certification by the teacher or principal to the contract act plication upon certification by the teacher or principal to the contract act plication upon certification by the teacher or principal to the contract act plication upon certification by the teacher or principal to the contract act plication upon the	sion. The parent or guardian tually occurs. pal of the school of the numb				
High School District	Chair, Board	of Trustees			Date			
Darby K-12 Schools		I attest that the above	ve information is true and correct.					
Signature - Parent or Guardian				ate				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Lone Rock Elen	n					Ravalli		0741
High School or K-12 D		le for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revenued.	ce. In order to iewed and appointed, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Init □ no			Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Anita Scothorn Physical Address (s	troot address	only):				-kindergarten/Kinder		
1 Hysical Address (s	illeet address	Orliy).				·		ly Both Semesters
Distance from home Elementary 2 Distance from home Elementary 1.3 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.	Kind by the Took Kind Took Took	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines:	times per day,	days per week days per week ool-age students: days per week days per week days per week days per week
	Pre-K	К	1-8	9-12	PAF	RENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	CLE files	-	to County Supt by Ju	ly 1, retain a copy for your
Regular Trans							IDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans						y for your files.	DENTS: Send ongin	ar to Of 1 by July 10, retain a
Room & Board							IMBURSEMENT R	
Correspondence						(i oi dist	not, county and or	r doc orny)
Reg. Contingency						Reimbi	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	. ,,	nt name)		County, hereinaf		d school district (district (s).	,	,
insured driver will to 2. In March and June transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage contr ay the parent the	racts are valid of sum officially a	only when transportati pproved in the applica	on for the dista ation upon certi	ince reported on the contract	ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and umber of days the student(s) was
	terminate at the en	d of the school ye		student(s) is no longe		chool, whichever occurs firs		Date
Lone Rock Elem High School District	m ·							Date
g.r cerioor biotriot								24.0
			I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1			
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
Lone Rock Eler	n					Ravalli		0741	
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	red between e	lementary ar	nd high scho	ol?					
Are you applying fo			□ No		Stu	dent Name	School	Grade	
ISOLATION: Section	20-10-142, MC/	A, provides for							
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be re sportation com	viewed and a mittee, and the	pproved by the	Stu	dent Name	School	Grade	
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	oproved by the	Stu	dent Name	School	Grade	
Elem District Approval	Ť		itials		Stu	dent Name	School	Grade	
HS District Approval County Approval	□ yes				THIS CONTRACT IS FOR:				
Parent or Guardian					Gra	des 1-12 Ist Semester Only	 □ 2nd Semester Only	y □ Both Semesters	
Janette Waltma	ın					,	•	y Both Comesters	
Physical Address (s		only):				-kindergarten/Kinder Ist Semester Only	garten ☐ 2nd Semester Only	y Both Semesters	
					KIN	DERGARTEN/PREI	KINDERGARTEN:		
Distance from home Elementary 7.5	e to nearest so HS 0	chool (one wa	ay)		by 1	this contract: or from Bus Stop	times per day,	age students also covered days per week	
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		To o Kin To o	or from School dergarten child ride or from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week	
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	<u>De</u>	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1 rotain a conv for your	
Regular Trans	Total	. Otal	Total	- Total	CLERKS: Send original to County Supt by July 1, retain a copy for you files.				
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain copy for your files.				
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Daimel		ain a d boo	
Contingency Spec. Ed. Contin.						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. La. Contin.									
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	,	
(county name) The parties agree as follows:	ws:			County, hereinaf	ter referred	to as the District(s).			
insured driver will	transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	ance reported on the contra	ct actually occurs.	ian assures that a licensed and	
transported for the	past semester.	•	•			ification by the teacher or p the information accompany	·	mber of days the student(s) was	
	terminate at the er	nd of the school y	year or when the	student(s) is no longe		chool, whichever occurs firs		Date	
Lone Rock Elem	ck Elem								
High School District	τ	Cnair, Boa	ard of Truste	ees				Date	
			I attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620)-2501				ol Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	·	Legal Entity	
Lone Rock Elem	า					Ravalli		0741	
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Con	tract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attack ISOLATION: Section:	h explanation))	□ No		Stud	lent Name	School	Grade	
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola lual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval		□ no □ no	ials		Stuc	lent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Or	nly Both Semesters	
Jill R. Conner Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KINI	DERGARTEN/PRE	(INDERGARTEN:	•	
Distance from home Elementary 2.5	to nearest so HS 0	chool (one wa	y)		Kind by the To o	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school times per day,	-age students also covereddays per weekdays per week	
Distance from home Elementary 1.3	to nearest bu HS 0	ıs stop, if any	(one way)		Kind To o	dergarten child ride or from Bus Stop	es <u>without</u> other sch times per day,	ool-age students: days per week days per week	
☐ Contract is for or	ne-way only				100		unles per day,	days per week	
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Dea	adlines: RENTS: Due to Sch	ool Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	RKS: Send original		uly 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans						for your files.	IDEN 15: Send origin	nal to OPI by July 10, retain a	
Room & Board							IMBURSEMENT F		
Correspondence						(FOI dist	rict, county and OP	r use offig)	
Reg. Contingency						Reimb	ursement rate is deter 20-10-142, MCA.	rmined by	
Spec. Ed. Contin.							,,,		
Agreement between	parent (pare	nt name)			. and	I school district (distr	rict name)		
(county name)		, 				to as the District(s).	, 		
The parties agree as follow		transportation for		•		` ,		rdian assures that a licensed and	
In March and June,	the District shall p					nce reported on the contractication by the teacher or p		number of days the student(s) was	
	be computed on the					the information accompany hool, whichever occurs firs			
Elementary School			rd of Truste		or emotied III SC	noor, whichever occurs IIIS	ι.	Date	
Lone Rock Elem High School District								Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 te to School Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the	Contract		County	•	Legal Entity
Lone Rock Elen	n				Ravalli		0741
High School or K-12 D		ole for Reimbur	rsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?			
Are you applying for (If yes, please attac	h explanation)		□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum	nstances of isola	ition of residen	ce. In order t	o receive	Otrada et Nama	0-1	0:-1-
increased rates, individe trustees of the district, Public Instruction. (10.)	the county trans	sportation com	mittee, and th		Student Name	School	Grade
Check here only if incr District Trustees and the				pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Init	tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Onl	y □ Both Semesters
Kim Fulks					,		y Bour Composition
Physical Address (s	treet address	only):			Pre-kindergarten/Kind ☐ 1st Semester Only	□ 2nd Semester Onl	y Both Semesters
					KINDERGARTEN/PR	EKINDERGARTEN:	
Distance from home	e to nearest so	hool (one wa	ıv)				age students also covered
Elementary 3	HS 0		-37		To or from Bus Stop_	times per day, _	days per week
Distance from home	e to nearest bu	ıs stop, if any	(one way)		To or from School Kindergarten child ri	times per day, _ ides without other scho	days per week
Elementary 1.3	HS 0				To or from Bus Stop_	times per day,	days per week days per week
Contract is for o	ne-way only					times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to S	chool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total			v 1 retain a conveter vour
D	Total	Total	Total	Total	files.	nai to County Supt by Jui	y 1, retain a copy for your
Regular Trans						ENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						REIMBURSEMENT RA istrict, county and OPI	
Correspondence					(1 01 0	ound, dodney and on i	uoc omy)
Reg. Contingency					Rein	nbursement rate is deterr	mined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n parent (pare	nt name)			, and school district (d	istrict name)	
	. pa. o (pa. o.			Onwater housings	•	,	······································
(county name) The parties agree as follow				3 ,	ter referred to as the District(,	
insured driver will t	ransport the studer	nts. Mileage conf	tracts are valid	only when transportation	or bus stop on the days when school is on for the distance reported on the con ation upon certification by the teacher of	tract actually occurs.	
transported for the	past semester.	•	•		42, MCA, and the information accomp		miser of days the stateful(s) was
	terminate at the er	d of the school y		student(s) is no longe	er enrolled in school, whichever occurs		Date
Lone Rock Elem		,					
High School District		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correc	et.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				ol Clerk June 1			
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
Lone Rock Eler	n					Ravalli		0741	
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Con	tract		County		Legal Entity	
Is this contract shar ☐ yes ☐ no	red between el	ementary ar	id high scho	ol?					
Are you applying fo (If yes, please attac	h explanation))	□ No		Stu	dent Name	School	Grade	
ISOLATION: Section rates for special circur	nstances of isola	ation of resider	nce. In order t	to receive	-				
increased rates, individual trustees of the district, Public Instruction. (10.)	the county trans	sportation com	mittee, and th		Stu	dent Name	School	Grade	
Check here only if inconstruct Trustees and t				oproved by the	Stu	dent Name	School	Grade	
Elem District Approval	□ yes	In □ no	itials		Stu	dent Name	School	Grade	
HS District Approval County Approval	,	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 Ist Semester Only	☐ 2nd Semester Only	y Both Semesters	
Travis & Teresa					Pre	-kindergarten/Kinder	garten		
Physical Address (s	street address	only):					☐ 2nd Semester Only	y Both Semesters	
					KIN	DERGARTEN/PRE	KINDERGARTEN:	age students also covered	
Distance from home Elementary 6.8	e to nearest so HS 0	chool (one wa	ay)		by 1	this contract: or from Bus Stop	times per day,	days per week	
Distance from home Elementary 0	e to nearest bu HS 0	us stop, if an	y (one way)		To o Kin To o	or from School dergarten child ride or from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week	
□ Contract is for o	ne-way only				То	or from School	times per day, _	days per week	
Students in Each Grade L	evel - Only include	the students to I	be covered by th	is contract.	De	adlines: RENTS: Due to Sch	aal Clark Jupa 1		
	Pre-K	K	1-8	9-12 Table					
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for you files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					сор	y for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						,	, ,	,,	
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	L	·							
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	,	
(county name)				County, hereinaf	ter referred	to as the District(s).			
	ansport or provide							ian assures that a licensed and	
In March and June	e, the District shall p					ance reported on the contra- ification by the teacher or p		mber of days the student(s) was	
	be computed on the					the information accompany chool, whichever occurs firs			
Elementary School			ard of Truste		omoneu m S	oo., willollever occurs IIIs		Date	
Lone Rock Elem High School District	t	Chair, Board of Trustees						Date	
			l attes	t that the above i	information	is true and correct.			
Signature - Parent or	Guardian		1 41103	t and the above	ioimatioi	i lo truo una correct.	Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity
Lone Rock Elen	n					Ravalli		0741
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Travis Eickman		I. A.				-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters
Distance from home Elementary 7 Distance from home Elementary .1 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Took Kind Took Took Took PAR	his contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School adlines: RENTS: Due to Schoel ERKS: Send original . UNTY SUPERINTEN y for your files. REA REA REA REA REA REA REA RE	times per day,	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en	ransportation for the state of the parent the state basis of the sch	ne student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred or bus stop on on for the dista tition upon certi 42, MCA, and	nce reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	rdian assures that a licensed and umber of days the student(s) was
High School District								Date
			attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian		railes	נ נוזמנ נוזט מטטעט ו	ioiiiiatioii	io auc and correct.	Date	
J								

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			e to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County			Legal Entity	
High School or K-12 D			sing the Con	tract	County			Legal Entity	
Florence-Carlto			معامم عامانا	-10	Ravalli			0743	
Is this contract shar ☐ yes ☐ no	ed between e	lementary an	a nign scno	Ol?					
Are you applying for (If yes, please attact ISOLATION: Section	h explanation 20-10-142, MC/) A, provides for	□ No	mbursement	Student Name	Sch	ool	, , , , , , , , , , , , , , , , , , , ,	Grade
rates for special circun increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstant the county trans	ces must be re- sportation com	viewed and apmittee, and th	oproved by the	Student Name				Grade
Check here only if incr District Trustees and the		sportation Com		proved by the	Student Name	Sch	ool	•	Grade
Elem District Approval HS District Approval	•	□ no			Student Name	Sch	ool		Grade
County Approval	□ yes	□ no			THIS CONTRA	ACT IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Carol Robertson Physical Address (s		anlu's				en/Kindergarten			
Physical Address (s	areet address	only):			□ 1st Semeste	er Only	emester Only	☐ Both Semest	ers
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o	HS 3.1 e to nearest bu HS 0	·	• /		by this contra To or from Bus To or from Sch Kindergarten To or from Bus	child rides with other. other. c Stop	es per day, es per day, other school- es per day,	days per days per age students: days per	week week week
Students in Each Grade L	• •	the students to b	e covered by th	is contract.	Deadlines:				
	Pre-K	К	1-8	9-12	PARENTS: D	ue to School Clerk J	une 1.		
	Total	Total	Total	Total	CLERKS: Ser files.	nd original to County	Supt by July 1	, retain a copy for	· your
Regular Trans					COUNTY SUP	ERINTENDENTS:	Send original to	o OPI by July 10,	retain a
Spec. Ed. Trans					copy for your f				
Room & Board Correspondence						REIMBURS (For district, coun	EMENT RAT ty and OPI us		
Reg.									
Contingency						Reimbursement r	ate is determin	ed by	
Spec. Ed. Contin.									
Agreement between	n parent (pare	nt name)			, and school dis				,
(county name) The parties agree as follow				•	ter referred to as the I	` '			
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	or bus stop on the days whe on for the distance reported oution upon certification by the	on the contract actually occ	urs.		
transported for the 3. The payment shall	past semester. be computed on t	he basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the information	n accompanying this contra		. ,	
4. This contract shall Elementary School			ear or when the ord of Truste		er enrolled in school, whichev	er occurs first.		Date	
High School District		Chair, Boa	rd of Truste	es				Date	
			I attes	t that the above	information is true and	d correct.			
Signature - Parent or	Guardian					Date			

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

<u> </u>	1	L	-1	_
l .n	m	ra	CT	H

PO Box 20250 Helena, MT 5)1	S Du					
Elementary District Responsible	for Reimbursing the Cor	ntract	County	Legal Entity			
High School or K-12 District Resp	oonsible for Reimbursin	g the Contract	County	Legal Entity			
Florence-Carlton K-12	Schls		Ravalli	0743			
Is this contract shared betwe ☐ yes ☐ no	en elementary and h	igh school?					
Are you applying for isolation (If yes, please attach explana ISOLATION: Section 20-10-142	ation)	□ No	Student Name School	Grade			
rates for special circumstances o increased rates, individual circum trustees of the district, the county Public Instruction. (10.7.116 ARM	f isolation of residence estances must be review transportation committe	In order to receive red and approved by the ee, and the Office of	Student Name School Grade				
Check here only if increased pay District Trustees and the County	Transportation Committ	ee.	Student Name School	Grade			
Elem District Approval	Initials □ no □ no		Student Name School	Grade			
County Approval	no		THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian Name: (F	riease Print)		☐ 1st Semester Only ☐ 2nd Semester	Only Doth Semesters			
Misti Barnes Physical Address (street add	ress only):		Pre-kindergarten/Kindergarten				
1 Hysiodi / Idai ess (otrect add	ress orny).		□ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to neare Elementary 0 HS 2 Distance from home to neare Elementary 0 HS 0 Contract is for one-way of Students in Each Grade Level - Only in Fre-H Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	ost bus stop, if any (o		KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school by this contract: To or from Bus Stop times per discussion or from School times per discussion of from Bus Stop times per discussion or from Bus Stop times per discussion or from School times per discussion of from School times per discussion of from School Clerk June 1. CLERKS: Send original to County Supt by files. COUNTY SUPERINTENDENTS: Send or copy for your files. REIMBURSEMEN (For district, county and discussion of the school Clerk June 1.	days per week ay, days per week ay, days per week ay, days per week achool-age students: ay, days per week ay, days per week ay, days per week ay July 1, retain a copy for your iginal to OPI by July 10, retain a T RATE OPI use only) etermined by			
insured driver will transport the 2. In March and June, the District transported for the past semest 3. The payment shall be compute 4. This contract shall terminate at	ovide transportation for the students. Mileage contract shall pay the parent the sun ter. d on the basis of the sched the end of the school year	County, hereinatestudent(s) to and from the school so are valid only when transportation officially approved in the applicable established in Section 20-10-for when the student(s) is no longer	fter referred to as the District (district name) fter referred to as the District(s). I or bus stop on the days when school is in session. The parent or ion for the distance reported on the contract actually occurs. ation upon certification by the teacher or principal of the school of the 142, MCA, and the information accompanying this contract. er enrolled in school, whichever occurs first.	he number of days the student(s) was			
Elementary School District Chair, Board of Trustees				Date			
High School District Florence-Carlton K-12 Schls	Chair, Board	of Trustees		Date			
I attest that the above information is true and correct.							
Signature - Parent or Guardian Date							

Address, City, Zip Code Phone Number